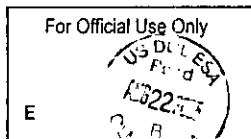


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10294</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Steven G Aldrich P.O. Box, Bldg., Room No., if any R-112 Street 19309 W Valley Hwy City Kent State Washington ZIP Code + 4 98032-2120	4. Name, file number, and address of labor organization. Name Graphic Communications AFL-CIO Labor Organization File Number 516-763 P.O. Box, Building and Room Number, if any R-112 Street 19309 W Valley Hwy City Kent State Washington ZIP Code + 4 98032-2120
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Steven G Aldrich

On

2/15/05
Date

425-251-8585

Telephone Number

Name of Person Filing Steven Aldrich	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Graphic Communications, AFL-CIO</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite R112</p> <p>Street 19309 W Valley Hwy</p> <p>City Kent</p> <p>State Washington ZIP Code + 4 98032-2120</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Communications National H&W Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5 Gateway Cntr, Suite 620</p> <p>Street 60 Boulevard of the Allies</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222-1219</p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Aldrich is a Trustee of the Fund employed by and representing members of the above Business.</p> <p>11.b. Approximate dollar value of such dealing. <i>NA</i></p> <p>12.a. Nature of interest held or income received.</p> <p>Mr. Aldrich received reimbursement for air fare, travel, lodging and meals lawfully incurred in attending Trustee meetings on 9/9/04, 9/10/04, 11/9/04, 11/10/04, 11/11/04, 11/12/04, and 11/13/04.</p> <p>12.b. Amount. \$635</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Steven Aldrich	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name O'Donnell, Schwartz & Anderson</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 707</p> <p>Street 1900 L Street NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Communications National H&W Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5 Gateway Cntr, Suite 620</p> <p>Street 60 Boulevard of the Allies</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222-1219</p>	<p>11.a. Nature of such dealing.</p> <p>attorney</p>
	<p>11.b. Approximate dollar value of such dealing. \$49,675</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner on October 13, 2004</p>
	<p>12.b. Amount. \$76</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Steven Aldrich	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Church Street</p> <p>Street P.O. Box 4059</p> <p>City New York</p> <p>State New York ZIP Code + 4 10261-4059</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Communications National H&W Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5 Gateway Cntr, Suite 620</p> <p>Street 60 Boulevard of the Allies</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222-1219</p>	<p>11.a. Nature of such dealing.</p> <p>actuary</p>
	<p>11.b. Approximate dollar value of such dealing. \$248,182</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Annual Meeting Hosted Receptions November 11, 2004</p>
	<p>12.b. Amount. \$161</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>